

MH – Rule 5 Claiming Requirements



Hints:

- Submit Rule 5 claims for clients on MinnesotaCare through MN-ITS.
- Children's mental health residential treatment payment rates are set at the end of a quarter. Claims must be submitted after the end of the quarter.

(Table 2-14 in Healthcare Claiming Requirements Spec.)

Mental Health Rule 5 Claiming	
Children's Residential Mental Health Treatment, Mental Health Rule 5 Claiming (Rule 5), is done for Payments meeting the Rule 5 criteria for eligible clients.	
Inputs	
Eligible Payments	
Services	• 483 Rule 5 Child Residential Treatment MH
HCPCS/Modifiers	• H0019 Children's residential treatment
Supplemental Eligibility	
Client must have a Rule 5 Supplemental Eligibility record in effect on the Service Dates as indicated by the following: <ul style="list-style-type: none"> • MH Rule 5 Screening Date must be \leq Service Dates. • MH Rule 5 End Date must be \geq Service Dates or blank. • Client meets needs for MH Rule 5 Level of Care indicator must be Yes. 	
MMIS Recipient Information	
Client must be MA Eligible or MinnesotaCare Eligible on the Service Dates as indicated by the following: <ol style="list-style-type: none"> 1. Major Program must be one of the following: <ul style="list-style-type: none"> MA Eligible <ul style="list-style-type: none"> • DM Demonstration to Maintain Indep. & Employment (DMIE) • EH Federally-Paid Emergency Medicaid • MA Federally Paid Medical Assistance • NM State-Paid Medical Assistance • RM Refugee. 2. Eligibility Status must be 'Active' or 'Closed.' 3. The Service Dates are within the Eligibility Start Date and the Eligibility End Date. 	
Client's Living Arrangement on the Service Dates must be: <ul style="list-style-type: none"> • 54 SED - Residential treatment. Living Arrangement selection is based on the following criteria: <ul style="list-style-type: none"> • The Living Arrangement must be in effect for the Service Start Date through the Service End Date. 	
Client	
Client Age must be < 21 as of the first of the month.	
Diagnosis Codes	
A diagnosis code is required.	

Mental Health Rule 5 Claiming	
SSIS Diagnosis Code is used.	
Only MH Diagnosis codes are included on the claim (diagnosis code ≥ 290.0 and ≤ 302.99 or ≥ 306.0 and ≤ 316.0).	
Additional Rules	
One claim is submitted for each eligible Payment. (Payment Modifications, such as a partial Refund, are combined with the original Payment.)	
Maximum of one Rule 5 claim can be submitted for a given date range per client.	
Claim Record Outputs	
HCPCS/Modifiers	H0019 Children's residential treatment
Units	The total number of Units on all selected Payments
Amount	The total Amount on all selected Payments
First Service Date	Payment Service Start Date
Last Service Date	Payment Service End Date
Diagnosis Codes	SSIS Diagnosis Codes
Rule 5 Facility Name	Living Arrangement's "Facility name"
Rule 5 Provider Number	Living Arrangement's "Out of home provider number"
Rule 5 NPI	Living Arrangement's "NPI/UMPI"
Additional Program Requirements and Policy Information	
NOT included in SSIS processing	
Eligibility	
Client must have been screened for MH Rule 5 and found to meet the Rule 5 placement criteria. Services must be on or after the screening date.	
The MH Rule 5 screening serves to establish medical necessity for children's mental health residential treatment services.	
Major program DM ends 09/30/09 because the funding was not been extended per e-mail from Margaret Wright on 04/22/09.	
County Practice	
Claims for clients on MinnesotaCare must be submitted using MN-ITS. These clients will have a Living Arrangement of 80 (Community). SSIS does not receive information about the facility providing the Rule 5 services to the client on these Living Arrangement records from MMIS, which is needed to create a claim.	
Notes	
Children's mental health residential treatment facilities must be enrolled as providers under the Minnesota Health Care Program (MHCP). Eligible providers must be licensed by the state of Minnesota and must be under contract with a lead county.	
Children's mental health residential treatment rates are set at the end of a quarter. Claims must be submitted after the end of the quarter DHS Bulletin 01-73-01.	
References	
DHS Bulletin #01-73-01, June 21, 2001, Children's Residential Mental Health Treatment Added to Medical Assistance and MinnesotaCare Benefit Set.	